

“NONE TO REPORT”
to be used for the
2014 Missouri Deafblind Census Report

Please complete and return this form **only if you do not have any children with deafblindness to report.** **NOTE:** *Please carefully review definition of deafblindness in attached procedures to complete the 2014 Missouri Deafblind Census Form.*

Source of this information:

SPOE/First Steps Provider: _____ Region Number: _____

Agency Address:

(Street address)

(City)

(State)

(ZIP Code)

Person completing this form:

Name: _____

Title/Position: _____

Daytime telephone number (including Area Code): _____

(Signature of person completing form)

(Date completed)

*Please return this form **by February 2, 2015**, to:*

Susan Bonner, Project Coordinator
Missouri Deafblind Technical Assistance Project
Missouri School for the Blind
3815 Magnolia Avenue
St Louis, Missouri 63110-4099

Form may be faxed to Susan Bonner at (314) 773- 3762. If you have any questions, please call Susan Bonner at (314) 776-4320 x 3255 or Marge Winston, Outreach Services Secretary, at (314) 776-4320 x 3251.

Thank you for completing this form, which will assist in program development and funding.